



AP/ JFW

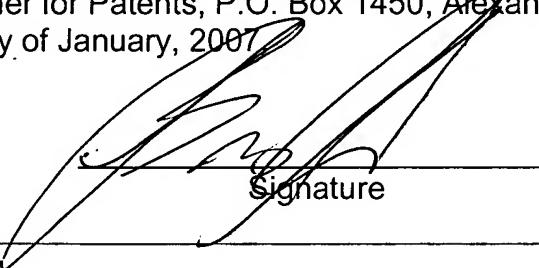
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Roberto Bez and Alessandro Grossi  
Title: PROCESS FOR SELF-ALIGNED MANUFACTURE OF INTEGRATED ELECTRONIC DEVICES  
Serial No.: 10/713,538  
Filing Date: November 14, 2003  
Examiner/Unit: Bradley Smith / 2829  
Attorney Docket No.: 2110-062-03

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 3<sup>rd</sup> day of January, 2007.

  
Signature

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.  
 The fee has been calculated as shown below:  
 XX No additional claim fee is required.

Computation of Fee  
For Claims as Amended

<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>	<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	Minus	48	=	0 x <u>\$50/\$25</u> =	\$
Independent Claims	Minus	6	=	0 x <u>\$200/\$100</u> =	\$
Total additional fee for this amendment					\$

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

\_\_\_\_ Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ for the additional claim fee is enclosed.

XX A Request for Extension of Time for two months with Check No. 27099 for \$450 are enclosed.

\_\_\_\_ Charge \$\_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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